

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Gonzalez	Cher		(916) 427-1131	
MAILING ADDRESS (Street)			FAX	
904 South Beach Drive			(916) 427-1131	
(City)	(State)	(Zip	Code)	
Sacramento	California	958	95831	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
N/A				
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
Schering Corporation		(908) 298-3635	
MAILING ADDRESS (Street)	FAX		
2000 Galloping Hill Road	(908) 298-2252		
(City)	(State)	(Zip Code)	
Kenilworth	New Jersey	07033	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Elizabeth Z. Bartz, Preside	(330) 761-9960		
MAILING ADDRESS (Street)		FAX	
State & Federal Communications, Inc. 80 South Summit Street, Suite 100		(330) 761-9965	
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTIO	N OF SUBJECTS UPON WI	HICH YOU EXPECT TO LOBB	Υ	
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & WaterUse Management	Other: (indicate below) Pharmaceuticals	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
PART IV CERTIFICAT	ION OF LOBBYIST			
I hereby certify that	the information furnished abo	ove is, to the best of my knowle	dge, correct and complete.	
	han all	j	la lan	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZA	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
		Executive Director, State Government Affairs		
Cynthia Suzuki		Executive Director, State	Government Analis	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Schering Corporation			(908) 298-3635	
MAILING ADDRESS (Street)			FAX	
2000 Galloping Hill Ro	oad		(908) 298-2252	
(City)	(State)		(Zip Code)	
Kenilworth	New Je	rsey	07033	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
(hathie	Le la company de		14to6	
(Signature o	f Authorizing Officer or Person Repr	resented)	(Date)	